


APPLICATION FOR APPROVAL OF LABELS, MARKINGS, OR DEVICES

1. DISPOSITION					2. ACTION REQUIRED: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> TEMPORARY <input type="checkbox"/> and/or REQUEST FOR EXTENSION <input type="checkbox"/> </div> <div> SKETCH: <input type="checkbox"/> FINAL: <input type="checkbox"/> </div> <div style="text-align: center;">  </div> </div> <div style="margin-top: 10px;"> Prior approval number _____ Was label previously YES <input type="checkbox"/> Number of labels on hand _____ approved as a sketch? NO <input type="checkbox"/> Number of days requested _____ DATE OF SKETCH _____ </div>					3. NAME AND ADDRESS OF FIRM (same as Grant): 														
															4. ESTABLISHMENT #					5. REGION #				
6. APPROVAL #					7. TYPE OF LABEL					8. NAME OF PRODUCT: 8a. Product Description: Ready-To-Eat <input type="checkbox"/> Ready-To-Eat Appearance <input type="checkbox"/> For Cooking <input type="checkbox"/>														
<div style="text-align: center;"> WEIGHT (No Fractions) </div> <table border="1" style="width: 100%; height: 300px; border-collapse: collapse;"> <tr> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>																								
TOTAL					11. NOTATIONS 					12. APPLICANT/AGENT: _____ DATE _____														
										13. INSPECTOR _____ DATE _____														
										14. VET/SUPERVISOR: _____ DATE _____														